

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2021

<b>Prepared for</b>	GREENWICH HISTORICAL SOCIETY, INC. 47 STRICKLAND RD COS COB, CT 06807
<b>Prepared by</b>	WALTER J. MCKEEVER & COMPANY, LLC P.O. BOX 5147 15 VALLEY DRIVE GREENWICH, CT 06831
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**GREENWICH HISTORICAL SOCIETY, INC.**

**06-6036049**

Name and title of officer or person subject to tax

**DEBRA MECKY  
EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>1,529,771.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize WALTER J. MCKEEVER & COMPANY, LLC to enter my PIN 01498  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\* Date ▶

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**06574725456**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>GREENWICH HISTORICAL SOCIETY, INC.</b>	Taxpayer identification number (TIN) <b>06-6036049</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>47 STRICKLAND RD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>COS COB, CT 06807</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**GREENWICH HISTORICAL SOCIETY INC. -**

- The books are in the care of ▶ **47 STRICKLAND ROAD - COS COB, CT 06807**  
Telephone No. ▶ **(203) 869-6899** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>GREENWICH HISTORICAL SOCIETY, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>47 STRICKLAND RD</b> City or town, state or province, country, and ZIP or foreign postal code <b>COS COB, CT 06807</b> <b>F</b> Name and address of principal officer: <b>DEBRA MECKY</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>06-6036049</b> <b>E</b> Telephone number <b>(203) 869-6899</b> <b>G</b> Gross receipts \$ <b>2,807,155.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.GREENWICHHISTORY.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1931</b> <b>M</b> State of legal domicile: <b>CT</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1</b>		
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>34</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>34</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>35</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>300</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 2,173,085.	<b>Current Year</b> 1,144,253.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	110,198.	149,194.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	176,816.	111,647.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	161,108.	124,677.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,621,207.	1,529,771.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,010,729.	1,123,699.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>208,128.</b>		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,101,734.	1,199,633.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,112,463.	2,323,332.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	508,744.	-793,561.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 24,730,786.	<b>End of Year</b> 25,626,567.
	<b>21</b>	Total liabilities (Part X, line 26)	589,505.	755,563.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	24,141,281.	24,871,004.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>DEBRA MECKY, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>WALTER J. MCKEEVER, JR.</b>	Preparer's signature  Date  Check if self-employed <input checked="" type="checkbox"/> PTIN <b>P00964495</b>
	Firm's name ▶ <b>WALTER J. MCKEEVER &amp; COMPANY, LLC</b> Firm's address ▶ <b>P.O. BOX 5147 15 VALLEY DRIVE GREENWICH, CT 06831</b>	Firm's EIN ▶ <b>06-1253566</b> Phone no. (203) 6228625

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: GREENWICH HISTORICAL SOCIETY, INC. PRESERVES AND INTERPRETS GREENWICH HISTORY TO STRENGTHEN THE COMMUNITY'S CONNECTION TO OUR PAST, TO EACH OTHER AND TO OUR FUTURE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,978,445. including grants of \$ ) (Revenue \$ 149,194. ) (1) PRESERVATION AND INTERPRETATION OF BUSH-HOLLEY HISTORIC SITE.

(2) RESEARCH, PUBLICATION AND PUBLIC INFORMATION SERVICES OF THE LIBRARY AND ARCHIVES ON THE HISTORY OF GREENWICH.

(3) EDUCATION AND EXHIBITION PROGRAMS FOR STUDENTS, TEACHERS, YOUTH, FAMILIES AND ADULTS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,978,445.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	X	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 35		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b> X	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ..... <b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>4a</b>		X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... <b>7a</b>	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? ..... <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? ..... <b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ..... <b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ..... <b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ..... <b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (34), 1b (34), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records GREENWICH HISTORICAL SOCIETY INC. - - (203)869-6899 47 STRICKLAND ROAD, COS COB, CT 06807

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBRA MECKY EXECUTIVE DIRECTOR	37.50					X	119,801.	0.	199.	
(2) BARBARA MACDONALD VICE CHAIR	2.00	X		X			0.	0.	0.	
(3) THOMAS P. CLEPHANE BOARD MEMBER	1.00	X					0.	0.	0.	
(4) DAVID G. ORMSBY SECRETARY	2.00	X		X			0.	0.	0.	
(5) B. CORT DELANY BOARD MEMBER	1.00	X					0.	0.	0.	
(6) CATHERINE TOMPKINS CO-CHAIR	8.00	X		X			0.	0.	0.	
(7) JOHN M. DIXON BOARD MEMBER	1.00	X					0.	0.	0.	
(8) HALEY ELMLINGER CO-CHAIR	2.00	X		X			0.	0.	0.	
(9) SUZANNE C. FRANK BOARD MEMBER	1.00	X					0.	0.	0.	
(10) MIGUEL GARCIA-COLON BOARD MEMBER	1.00	X					0.	0.	0.	
(11) ROBERT HINMAN GETZ BOARD MEMBER	1.00	X					0.	0.	0.	
(12) HEATHER GEORGES BOARD MEMBER	1.00	X					0.	0.	0.	
(13) DAVID BROWNWOOD BOARD MEMBER	1.00	X					0.	0.	0.	
(14) HOLLY CASSIN BOARD MEMBER	1.00	X					0.	0.	0.	
(15) MICHAEL KOVNER BOARD MEMBER	1.00	X					0.	0.	0.	
(16) SUSAN LARKIN BOARD MEMBER	1.00	X					0.	0.	0.	
(17) SALLY LAWRENCE BOARD MEMBER	1.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ISABEL MALKIN CORRESPONDING SECRETARY	2.00	X		X				0.	0.	0.
(19) ANGELA CHAMBERS BOARD MEMBER	1.00	X						0.	0.	0.
(20) ANNE OGILVY VICE CHAIR	2.00	X		X				0.	0.	0.
(21) CYNTHIA CHANGE BOARD MEMBER	1.00	X						0.	0.	0.
(22) BEA CRUMBINE BOARD MEMBER	1.00	X						0.	0.	0.
(23) ELLEN T. REID BOARD MEMBER	1.00	X						0.	0.	0.
(24) DEBBIE REYNOLDS BOARD MEMBER	1.00	X						0.	0.	0.
(25) DEBORAH SCHMIDT ROBINSON BOARD MEMBER	1.00	X						0.	0.	0.
(26) DEBORAH G. ROYCE BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								119,801.	0.	199.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								119,801.	0.	199.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>	100,739.					
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	274,895.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	768,619.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$					
	<b>h Total.</b> Add lines 1a-1f			1,144,253.				
<b>Program Service Revenue</b>	<b>2 a</b> MUSEUM & PUBLICATION SALES	<b>Business Code</b>	900099	73,465.	73,465.			
	<b>b</b> EDUCATION PROGRAMS		900099	55,917.	55,917.			
	<b>c</b> FACILITY RENTAL		900099	19,812.	19,812.			
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			149,194.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			60,646.			60,646.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss)							
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	1,252,395.				
			(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	1,201,394.					
<b>c</b> Gain or (loss)	<b>7c</b>	51,001.						
<b>d</b> Net gain or (loss)			51,001.			51,001.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		200,667.					
			75,990.					
<b>b</b> Less: direct expenses	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events			124,677.			124,677.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>							
<b>b</b> Less: direct expenses	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>							
<b>b</b> Less: cost of goods sold	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory								
<b>Miscellaneous Revenue</b>	<b>11 a</b>	<b>Business Code</b>						
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions				1,529,771.	149,194.	0.	236,324.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	121,737.	85,215.	18,261.	18,261.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	850,587.	738,023.	23,874.	88,690.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	68,158.	55,291.	6,649.	6,218.
10 Payroll taxes	83,217.	71,015.	3,331.	8,871.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	12,404.		12,404.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	2,433.	2,123.	310.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	159.	159.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,050.		765.	285.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	412,159.	354,457.	20,608.	37,094.
23 Insurance	61,171.	56,278.	3,670.	1,223.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROFESSIONAL FEES</b>	113,333.	82,651.	11,558.	19,124.
b <b>UTILITIES &amp; TELEPHONE</b>	67,786.	62,363.	4,067.	1,356.
c <b>CONSULTANTS</b>	63,643.	58,551.	3,819.	1,273.
d <b>MUSEUM STORE &amp; CAFE</b>	52,632.	52,632.		
e All other expenses <b>SEE SCH O</b>	412,863.	359,687.	27,443.	25,733.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	2,323,332.	1,978,445.	136,759.	208,128.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	542,877.	<b>1</b>	32,233.
	<b>2</b> Savings and temporary cash investments .....	451,066.	<b>2</b>	452,667.
	<b>3</b> Pledges and grants receivable, net .....	127,052.	<b>3</b>	82,866.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	28,128.	<b>8</b>	26,944.
	<b>9</b> Prepaid expenses and deferred charges .....	25,530.	<b>9</b>	31,468.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 11,336,427.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,416,505.	9,316,135.	<b>10c</b> 8,919,922.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,926,641.	<b>12</b>	8,747,022.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	7,313,357.	<b>15</b>	7,333,445.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	24,730,786.	<b>16</b>	25,626,567.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	20,805.	<b>17</b>	4,865.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	379,000.	<b>19</b>	560,938.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	189,700.	<b>25</b>	189,760.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	589,505.	<b>26</b>	755,563.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	18,124,645.	<b>27</b>	18,014,670.
	<b>28</b> Net assets with donor restrictions .....	6,016,636.	<b>28</b>	6,856,334.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	24,141,281.	<b>32</b>	24,871,004.
<b>33</b> Total liabilities and net assets/fund balances .....	24,730,786.	<b>33</b>	25,626,567.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,529,771.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,323,332.
3	Revenue less expenses. Subtract line 2 from line 1	3	-793,561.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,141,281.
5	Net unrealized gains (losses) on investments	5	1,735,784.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-212,500.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	24,871,004.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

GREENWICH HISTORICAL SOCIETY, INC.

Employer identification number

06-6036049

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4207986.	4964513.	3613684.	2173085.	954,553.	15913821.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	64,512.	75,981.	34,794.	44,871.	73,465.	293,623.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	4272498.	5040494.	3648478.	2217956.	1028018.	16207444.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						16207444.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....	4272498.	5040494.	3648478.	2217956.	1028018.	16207444.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	235,110.	316,730.	151,882.	104,923.	80,458.	889,103.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	235,110.	316,730.	151,882.	104,923.	80,458.	889,103.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	4507608.	5357224.	3800360.	2322879.	1108476.	17096547.

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	94.80 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	94.47 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	5.20 %
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	5.53 %

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**GREENWICH HISTORICAL SOCIETY, INC.**

Employer identification number

**06-6036049**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

GREENWICH HISTORICAL SOCIETY, INC.

06-6036049

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ISABEL MALKIN 40 WEST ELM STREET, APT. 5L GREENWICH, CT 06830	\$ 106,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE MALKIN FUND, INC. 60 EAST 42ND STREET, 48TH FLOOR NEW YORK, NY 10165	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	R. T. VANDERBILT TRUST 30 WINFIELD STREET NORWALK, CT 06855	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE JOHN L. & SUE ANN WEINBERG FOUNDATION P.O. BOX 3557 NEW YORK, NY 10008	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	RONALD G. AND DAVIDDE STRACKBEIN 53 RIDGEVIEW AVE GREENWICH, CT 06830	\$ 10,395.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NORTHERN TRUST 165 MASON STREET GREENWICH, CT 06830	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>GREENWICH HISTORICAL SOCIETY, INC.</b>	Employer identification number <b>06-6036049</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MICHAEL A. KOVNER AND MR. JEAN M. DOYEN DE MONTAILLOU  25 WILSHIRE ROAD  GREENWICH, CT 06831	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	RUSSELL S. AND DEBORAH REYNOLDS JR.  264 TACONIC ROAD  GREENWICH, CT 06831	\$ 53,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JP MORGAN CHARITABLE GIVING FUND  165 TOWNSHIP LINE ROAD, STE 1200  JENKINTOWN, PA 19046	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ROBERT H. GETZ  46 PECKSLAND ROAD  GREENWICH, CT 06831	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	REGINA PITARO 2011 CHARITABLE LEAD ANNUITY TRUST N  165 WEST LIBERTY STREET, STE 110  RENO, NV 89501	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	ALICE P. MELLY  4 SOUND SHORE DRIVE  GREENWICH, CT 06830	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>GREENWICH HISTORICAL SOCIETY, INC.</b>	Employer identification number <b>06-6036049</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	LAWRENCE R. RICCIARDI 45 VINEYARD LANE GREENWICH, CT 06830	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	CHARLES HILTON ARCHITECTS 170 MASON STREET GREENWICH, CT 06830	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	FIRST REPUBLIC BANK 1230 AVE OF THE AMERICAS, 7TH FLR NEW YORK, NY 10020	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	TOWNSEND FAMILY FOUNDATION 321 BROADWAY SARATOGA SPRINGS, NY 12866	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	DALIO FOUNDATION, INC. ONE GLENDINNING PLACE WESTPORT, CT 06880	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CHARLES AND HILARY PARKHURST CHAR GIFT FUND SCHWAB, 211 MAIN STREET, FLOOR 10 SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>GREENWICH HISTORICAL SOCIETY, INC.</b>	Employer identification number <b>06-6036049</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	OVERHILLS FOUNDATION 1350 BROADWAY, SUITE 201 NEW YORK, NY 10018	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	LOUIS AND VIRGINIA CLEMENTE FOUNDATION 64 BURNING TREE ROAD GREENWICH, CT 06830	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	ASNESS FAMILY FOUNDATION C/O MARCUM LLP, 10 MELVILLE PARK RD MELVILLE, NY 11747	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	BLUMENTHAL CHARITABLE FUND FIDELITY CHARITABLE, P.O. BOX 77001 CINCINNATI, OH 45277	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	DONALD BROWNSTEIN 359 MERRIEBROOK LANE STAMFORD, CT 06903	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	ROBERT M. BURNETT 66 UPPER CROSS ROAD GREENWICH, CT 06830	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>GREENWICH HISTORICAL SOCIETY, INC.</b>	Employer identification number <b>06-6036049</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	COLEMAN FAMILY FOUNDATION 16 HIGHGATE ROAD RIVERSIDE, CT 06878	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	CROSS FAMILY CHARITABLE FUND FIDELITY CHARITABLE, P.O. BOX 77001 CINCINNATI, OH 45277	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	BENJAMIN CARTER 32 NIMITZ PLACE OLD GREENWICH, CT 06870	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	RICHARD L. CHILTON 9 INDIAN SPRING TRAIL DARIEN, CT 06820	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	DAVE AND REBA W WILLIAMS FOUNDATION 135 ZACCHEUS MEAD LANE GREENWICH, CT 06831	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	STEPHEN EVANS 18 BYFIELD LANE GREENWICH, CT 06830	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GREENWICH HISTORICAL SOCIETY, INC.

06-6036049

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	THE FIRST BANK OF GREENWICH 44 EAST PUTNAM AVENUE COS COB, CT 06807	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	FRANK FAMILY CHARITABLE FUND RAYMOND JAMES CHARITABLE, PO BOX 23559 ST PETERSBURG, FL 33742	\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	SUZANNE C. FRANK 200 JOHN STREET GREENWICH, CT 06831	\$ 21,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	W. MICHAEL FUNCK 38 CHAPEL STREET GREENWICH, CT 06830	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	HEATHER GEORGES 475 ROUND HILL ROAD GREENWICH, CT 06831	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	GREGORY H. GREEN 29 TACONIC ROAD GREENWICH, CT 06830	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GREENWICH HISTORICAL SOCIETY, INC.

06-6036049

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	HUB INTERNATIONAL NORTHEAST 5 BRYANT PARK NEW YORK, NY 10018	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	ERIC JAYAWEERA 25 WINDROSE WAY GREENWICH, CT 06830	\$ 9,923.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
39	JEANINE AND ROBERT GETZ CHARITABLE FUND 46 PECKSLAND ROAD GREENWICH, CT 06831	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	PAUL T. JONES 92 HARBOR DRIVE GREENWICH, CT 06830	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	VICTOR S. KHOSLA 4 RAPIDS LANE GREENWICH, CT 06831	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	JAMES AND SUSAN LARKIN 122 PALMERS HILL ROAD, UNIT 1121 STAMFORD, CT 06902	\$ 52,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>GREENWICH HISTORICAL SOCIETY, INC.</b>	Employer identification number <b>06-6036049</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	SALLY P. LAWRENCE 40 BROOKRIDGE DRIVE GREENWICH, CT 06830	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	LAWRENCE FAMILY TRUST FIDELITY CHARITABLE CINCINNATI, OH 45277	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	ERIC T. LECOQ 54 CATHLOW DRIVE RIVERSIDE, CT 06878	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	STEPHEN F. MANDEL 7 BOBOLINK LANE GREENWICH, CT 06830	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	STEPHEN MCMENAMIN 52 LOCUST ROAD GREENWICH, CT 06831	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	JOHN E. NELSON 30 ROUND HILL ROAD GREENWICH, CT 06830	\$ 7,504.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>GREENWICH HISTORICAL SOCIETY, INC.</b>	Employer identification number <b>06-6036049</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	MICHAEL J. PETRICK 511 INDIAN FIELD ROAD GREENWICH, CT 06830	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	ELLEN T. REID 7 GILLIAM LANE RIVERSIDE, CT 06878	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	NOAH RHODES 165 MASON ST #3 GREENWICH, CT 06830	\$ 7,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	DEBORAH S. ROBINSON 410 RIVERSVILLE ROAD GREENWICH, CT 06831	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	THE SL 2005 FAMILY TRUST ONE GRAND CENTRAL PL, 60 E 42ND ST, STE 850 NEW YORK, NY 10165	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	THE STRACKBEIN FAMILY CHARITABLE FUND VANGUARD CHARITABLE, PO BOX 9509 WARWICK, RI 02889	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GREENWICH HISTORICAL SOCIETY, INC.</b>	Employer identification number  <b>06-6036049</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	ARNOLD WELLES  12 DINGLETOWN ROAD  GREENWICH, CT 06830	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	YASHMIN LLOYDS COMPASS  200 GREENWICH AVE, 3RD FLOOR  GREENWICH, CT 06830	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GREENWICH HISTORICAL SOCIETY, INC.</b>	Employer identification number  <b>06-6036049</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
38	NVIDIA CORP - 20 SHS _____ _____ _____	\$ 9,923.	09/28/20
48	BERKSHIRE HATHAWAY - 28 SHS (6/9/21, 12/17/20 & 12/22/20) _____ _____ _____	\$ 7,504.	06/09/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>GREENWICH HISTORICAL SOCIETY, INC.</b>	Employer identification number  <b>06-6036049</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization **GREENWICH HISTORICAL SOCIETY, INC.** Employer identification number **06-6036049**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,926,641.	5,784,239.	5,957,610.	5,692,117.	4,782,020.
b Contributions	25,000.	2,750.	187,500.		330,574.
c Net investment earnings, gains, and losses	1,990,541.	1,399,650.	-382,325.	398,874.	579,523.
d Grants or scholarships					
e Other expenditures for facilities and programs	195,160.	259,998.	233,179.	133,381.	
f Administrative expenses					
g End of year balance	8,747,022.	6,926,641.	5,784,239.	5,957,610.	5,692,117.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		652,539.		652,539.
b Buildings		8,087,053.	1,296,638.	6,790,415.
c Leasehold improvements				0.
d Equipment		2,596,835.	1,119,867.	1,476,968.
e Other				0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,919,922.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) EXCHANGE TRADED FUNDS	1,114,368.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME	748,054.	END-OF-YEAR MARKET VALUE
(C) INSURED DEPOSITS	74,509.	END-OF-YEAR MARKET VALUE
(D) MUTUAL FUNDS	6,810,091.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>8,747,022.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) HISTORIC LAND, BUILDINGS & FURNITURE	7,318,057.
(2) CONSTRUCTION IN PROGRESS	15,388.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>7,333,445.</b>

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SBA PPP LOAN PAYABLE	189,760.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>189,760.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,253,151.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,735,784.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,735,784.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,517,367.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	12,404.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	12,404.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	1,529,771.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,310,928.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,310,928.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	12,404.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	12,404.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,323,332.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART III, LINE 1A:**

DURING FYE 6/30/21 SOCIETY PURCHASED \$212,500 OF COLLECTION ITEMS FOR PUBLIC EXHIBITION, EDUCATION AND PRESERVATION

**PART X, LINE 2:**

THE HISTORICAL SOCIETY ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS IN THE FINANCIAL STATEMENTS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF JUNE 30, 2021, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR

**Part XIII** Supplemental Information *(continued)*

DISCLOSURE IN THE FINANCIAL STATEMENTS.

Multiple horizontal lines for supplemental information.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANTIQUARIUS (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	200,667.		200,667.
	2	Less: Contributions	0.		
	3	Gross income (line 1 minus line 2)	200,667.		200,667.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	9,220.		9,220.
	7	Food and beverages	18,935.		18,935.
	8	Entertainment	9,043.		9,043.
	9	Other direct expenses	38,792.		38,792.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			75,990.
11	Net income summary. Subtract line 10 from line 3, column (d)			124,677.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**GREENWICH HISTORICAL SOCIETY, INC.**

Employer identification number

**06-6036049**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		<b>X</b>
<b>2</b>		<b>X</b>
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
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	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

HOUSING PROVIDED TO THE EXECUTIVE DIRECTOR FOR THE CONVENIENCE OF THE  
GREENWICH HISTORICAL SOCIETY, INC.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

GREENWICH HISTORICAL SOCIETY, INC.

Employer identification number

06-6036049

FORM 990, PART VI, SECTION B, LINE 11B:

ALL BOARD MEMBERS RECEIVE A DRAFT COPY OF THE 990. IT IS CIRCULATED  
ELECTRONICALLY WITH A REQUEST FOR COMMENT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

NEW BOARD MEMBERS ARE PROVIDED THE CODE OF ETHICS AS A STANDARD PART OF  
BOARD ORIENTATION. TIME IS USUALLY ALOTTED ANNUALLY AT BOARD MEETINGS FOR  
THE CHAIRMAN TO REMIND ALL BOARD MEMBERS OF THE CODE OF ETHICS. ALL STAFF  
RECEIVE A COPY OF THE PERSONNEL MANUAL AS A CONDITION OF EMPLOYMENT. STAFF  
MEMBERS MUST REQUEST PERMISSION FROM THE EXECUTIVE DIRECTOR FOR OUTSIDE  
EMPLOYMENT OR SERVICE. WE HAVE NEVER HAD AN ISSUE ARISE THAT REQUIRED  
ENFORCEMENT FOR BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY THE EXECUTIVE  
COMMITTEE IN EXECUTIVE SESSION. PERFORMANCE IS EVALUATED AND APPROPRIATE  
SALARY IS DETERMINED WITHIN THE SALARY SCALE ESTABLISHED BY AN OUTSIDE  
CONSULTANT. A RECORD OF THE SALARY DECISION IS PREPARED BY THE CHAIRMAN  
FOR THE PERSONNEL FILE.

IN TWO OF THE LAST FOUR YEARS, THE BOARD OR SELECTED MEMBERS OF THE BOARD  
WERE ASKED TO EVALUATE THE PERFORMANCE OF THE EXECUTIVE DIRECTOR USING  
EVALUATION MATERIAL AND FORMS FURNISHED BY BOARDSOURCE.

THE COMPENSATION FOR ALL OTHER EMPLOYEES IS DETERMINED BY THE EXECUTIVE  
DIRECTOR AND IS SET WITHIN THE FRAMEWORK OF A SALARY SCALE ESTABLISHED BY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization GREENWICH HISTORICAL SOCIETY, INC.	Employer identification number 06-6036049
--	--

AN OUTSIDE CONSULTING GROUP THAT IS UPDATED AND REVIEWED EVERY 3 - 4 YEARS BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE DIRECTOR PROVIDES WRITTEN JOB DESCRIPTIONS, PERFORMANCE STANDARDS AND, FOR KEY POSITIONS, ANNUAL GOALS FOR EACH KEY POSITION. THE EXECUTIVE DIRECTOR CONDUCTS AN ANNUAL FORMAL PERFORMANCE REVIEW OF ALL KEY STAFF AND PROVIDES THE EXECUTIVE COMMITTEE WITH A WRITTEN REPORT INDICATING CHANGES TO GRADE LEVELS, JOB FUNCTIONS AND COMPENSATION. THE TOTAL SALARY BUDGET IS SUBJECT TO FINAL BUDGET APPROVAL BY THE BOARD OF TRUSTEES. THE EXECUTIVE DIRECTOR DELEGATES THE PERFORMANCE REVIEW OF SOME PART-TIME STAFF TO THE APPROPRIATE SUPERVISOR.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION ON GUIDESTAR AND UPON REQUEST, EXCLUSIVE OF NAMES AND ADDRESSES OF DONORS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE ACCESSIBLE TO ALL BOARD MEMBERS IN A SHARED ONLINE FILE AND PRINTED OUT UPON REQUEST.

THE CONFLICT OF INTEREST POLICY IS ACCESSIBLE TO ALL STAFF AND BOARD MEMBERS IN A SHARED ONLINE FILE AND PRINTED OUT UPON REQUEST.

FINANCIAL STATEMENTS ARE ACCESSIBLE TO ALL STAFF AND BOARD MEMBERS IN A SHARED ONLINE FILE AND DISTRIBUTED AT FINANCE COMMITTEE AND BOARD MEETINGS.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

MAINTENANCE - GROUNDS:

PROGRAM SERVICE EXPENSES

46,246.

Name of the organization <b>GREENWICH HISTORICAL SOCIETY, INC.</b>	Employer identification number <b>06-6036049</b>
---	---

<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>3,017.</b>
<b>FUNDRAISING EXPENSES</b>	<b>1,005.</b>
<b>TOTAL EXPENSES</b>	<b>50,268.</b>

**MAINTENANCE - BUILDING:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>40,720.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>2,656.</b>
<b>FUNDRAISING EXPENSES</b>	<b>885.</b>
<b>TOTAL EXPENSES</b>	<b>44,261.</b>

**EXHIBIT FABRICATION:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>39,603.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>39,603.</b>

**OUTSIDE SERVICES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>21,032.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>13,379.</b>
<b>FUNDRAISING EXPENSES</b>	<b>4,187.</b>
<b>TOTAL EXPENSES</b>	<b>38,598.</b>

**ONLINE EXPENSE:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>28,308.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>28,308.</b>

Name of the organization GREENWICH HISTORICAL SOCIETY, INC.	Employer identification number 06-6036049
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## PRINTING &amp; PHOTCOPYING:

PROGRAM SERVICE EXPENSES	21,373.
MANAGEMENT AND GENERAL EXPENSES	2,672.
FUNDRAISING EXPENSES	2,672.
TOTAL EXPENSES	26,717.

## SUPPLIES:

PROGRAM SERVICE EXPENSES	19,369.
MANAGEMENT AND GENERAL EXPENSES	2,421.
FUNDRAISING EXPENSES	2,421.
TOTAL EXPENSES	24,211.

## HOSPITALITY:

PROGRAM SERVICE EXPENSES	17,057.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	5,686.
TOTAL EXPENSES	22,743.

## MAINTENANCE - EQUIPMENT:

PROGRAM SERVICE EXPENSES	20,475.
MANAGEMENT AND GENERAL EXPENSES	1,335.
FUNDRAISING EXPENSES	445.
TOTAL EXPENSES	22,255.

## GRAPHIC DESIGN:

PROGRAM SERVICE EXPENSES	18,728.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	475.

Name of the organization <b>GREENWICH HISTORICAL SOCIETY, INC.</b>	Employer identification number <b>06-6036049</b>
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<b>TOTAL EXPENSES</b>	<b>19,203.</b>
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**BANK & INVESTMENT FEES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>13,384.</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
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<b>FUNDRAISING EXPENSES</b>	<b>3,346.</b>
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<b>TOTAL EXPENSES</b>	<b>16,730.</b>
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**EXHIBIT DESIGN:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>12,830.</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
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<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
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<b>TOTAL EXPENSES</b>	<b>12,830.</b>
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**POSTAGE & DELIVERY:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>9,549.</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
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<b>FUNDRAISING EXPENSES</b>	<b>2,387.</b>
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<b>TOTAL EXPENSES</b>	<b>11,936.</b>
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**DUES & SUBSCRIPTIONS:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>11,830.</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
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<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
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<b>TOTAL EXPENSES</b>	<b>11,830.</b>
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**MISCELLANEOUS EXPENSE:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>11,340.</b>
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Name of the organization <b>GREENWICH HISTORICAL SOCIETY, INC.</b>	Employer identification number <b>06-6036049</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>148.</b>
<b>FUNDRAISING EXPENSES</b>	<b>49.</b>
<b>TOTAL EXPENSES</b>	<b>11,537.</b>

**HONORARIA:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>8,325.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
<b>FUNDRAISING EXPENSES</b>	<b>600.</b>
<b>TOTAL EXPENSES</b>	<b>8,925.</b>

**SECURITY:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>6,052.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>395.</b>
<b>FUNDRAISING EXPENSES</b>	<b>132.</b>
<b>TOTAL EXPENSES</b>	<b>6,579.</b>

**PHOTOGRAPHY:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>5,993.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
<b>FUNDRAISING EXPENSES</b>	<b>150.</b>
<b>TOTAL EXPENSES</b>	<b>6,143.</b>

**CULTIVATION:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>1,055.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>1,230.</b>
<b>FUNDRAISING EXPENSES</b>	<b>1,230.</b>
<b>TOTAL EXPENSES</b>	<b>3,515.</b>

Name of the organization <b>GREENWICH HISTORICAL SOCIETY, INC.</b>	Employer identification number <b>06-6036049</b>
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RENTALS:

PROGRAM SERVICE EXPENSES	3,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,500.

TAXES - REAL ESTATE TAXES:

PROGRAM SERVICE EXPENSES	2,918.
MANAGEMENT AND GENERAL EXPENSES	190.
FUNDRAISING EXPENSES	63.
TOTAL EXPENSES	3,171.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 412,863.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

COLLECTION ITEMS PURCHASED -212,500.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS FORMED AN AUDIT COMMITTEE TO OVERSEE THE AUDIT PROCESS.



2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	ARCHIVES BUILDING	06/30/88	SL	40.00		16	308,272.				308,272.	254,861.		7,707.	262,568.
2	MACHINERY AND EQUIPMENT	06/30/88	SL	5.00		16	50,676.				50,676.	50,676.		0.	50,676.
3	EQUIPMENT	06/30/91	SL	5.00		16	15,311.				15,311.	15,311.		0.	15,311.
4	EQUIPMENT	06/30/92	SL	5.00		16	2,833.				2,833.	2,833.		0.	2,833.
5	CD ROM	02/28/94	SL	5.00		16	690.				690.	690.		0.	690.
6	COMPUTER	09/30/93	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
7	COMPUTER	06/30/94	SL	5.00		16	1,998.				1,998.	1,998.		0.	1,998.
8	LASER PRINTER	03/31/95	SL	5.00		16	660.				660.	660.		0.	660.
9	LECTERN	07/31/94	SL	5.00		16	1,115.				1,115.	1,115.		0.	1,115.
10	FILE CABINET	03/31/95	SL	5.00		16	319.				319.	319.		0.	319.
11	VOICE MAIL	06/30/95	SL	5.00		16	7,361.				7,361.	7,361.		0.	7,361.
12	FURNITURE	06/30/87	SL	10.00		16	30,512.				30,512.	30,512.		0.	30,512.
13	FURNITURE	06/30/89	SL	10.00		16	6,196.				6,196.	6,196.		0.	6,196.
14	FURNITURE	06/30/91	SL	10.00		16	7,716.				7,716.	7,716.		0.	7,716.
15	FURNITURE	05/11/90	SL	10.00		16	8,440.				8,440.	8,440.		0.	8,440.
16	FURNITURE	06/30/91	SL	10.00		16	20,450.				20,450.	20,450.		0.	20,450.
17	FURNITURE	06/01/93	SL	10.00		16	2,202.				2,202.	2,202.		0.	2,202.
18	COMPUTER	10/31/93	SL	5.00		16	4,007.				4,007.	4,007.		0.	4,007.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	FIXTURES	07/19/95	SL	7.00	MC17	532.				532.	532.		0.	532.
20	FIXTURES	03/22/96	SL	7.00	MC17	1,000.				1,000.	1,000.		0.	1,000.
21	FIXTURES	03/27/96	SL	7.00	MC17	1,252.				1,252.	1,252.		0.	1,252.
22	FIXTURES	04/30/96	SL	7.00	MC17	1,008.				1,008.	1,008.		0.	1,008.
23	EQUIPMENT	06/10/96	SL	5.00	MC17	3,475.				3,475.	3,475.		0.	3,475.
24	TELEPHONE	06/20/96	SL	5.00	MC17	1,156.				1,156.	1,156.		0.	1,156.
25	COMPUTER EQUIPMENT	12/31/96	SL	5.00	HY17	14,080.				14,080.	14,080.		0.	14,080.
26	ARCHIE BLDG IMPROVEMENTS	12/31/96	SL	40.00	16	41,321.				41,321.	24,278.		1,033.	25,311.
27	FURNITURE & FIXTURES	12/31/96	SL	7.00	HY17	3,283.				3,283.	3,283.		0.	3,283.
28	EQUIPMENT	12/31/96	SL	5.00	HY17	5,810.				5,810.	5,810.		0.	5,810.
29	GATEWAY VISITOR CENTER	12/31/97	NC	.000	HY	169,692.				169,692.			0.	
30	REFRIGERATOR	07/22/97	SL	5.00	HY17	415.				415.	415.		0.	415.
31	CACTUS SOFTWARE	07/22/97	SL	5.00	HY17	2,000.				2,000.	2,000.		0.	2,000.
32	ENCON HVAC UNIT	07/31/97	SL	5.00	HY17	1,443.				1,443.	1,443.		0.	1,443.
33	FRANKLIN - KITCHEN #37	07/31/97	SL	5.00	HY17	3,500.				3,500.	3,500.		0.	3,500.
34	GEO DRAEGER	08/31/97	SL	5.00	HY17	400.				400.	400.		0.	400.
35	FAIRFIELD CTY - PHONES	12/22/97	SL	5.00	HY17	3,350.				3,350.	3,350.		0.	3,350.
36	DELL COMPUTERS	01/08/98	SL	5.00	HY17	4,418.				4,418.	4,418.		0.	4,418.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	DELL COMPUTERS	01/08/98	SL	5.00	HY17	2,467.				2,467.	2,467.		0.	2,467.
38	FAIRFIELD CTY - PHONES	02/03/98	SL	5.00	HY17	3,925.				3,925.	3,925.		0.	3,925.
39	MELINDA HASSEN	03/09/98	SL	5.00	HY17	902.				902.	902.		0.	902.
40	THALHEIMER CARPENTRY	03/12/98	SL	5.00	HY17	3,686.				3,686.	3,686.		0.	3,686.
41	RUG	03/30/98	SL	5.00	HY17	654.				654.	654.		0.	654.
42	UNIVERSITY PRODUCTS - CABINET	05/11/98	SL	5.00	HY17	500.				500.	500.		0.	500.
43	THALHEIMER CARPENTRY	05/11/98	SL	5.00	HY17	1,791.				1,791.	1,791.		0.	1,791.
44	ARCHIVES FURNISHINGS	06/08/98	SL	5.00	HY17	594.				594.	594.		0.	594.
45	VIDEO TAPE - JOHN BALL	09/30/97	SL	7.00	HY17	35,000.				35,000.	35,000.		0.	35,000.
46	SOUND - BOSTON PRODUCTIONS	08/31/97	SL	7.00	HY17	17,499.				17,499.	17,499.		0.	17,499.
47	FURNITURE - ARENSON	09/30/97	SL	7.00	HY17	20,000.				20,000.	20,000.		0.	20,000.
48	DESK - RH GUEST	10/31/97	SL	7.00	HY17	4,000.				4,000.	4,000.		0.	4,000.
49	RUG - EINSTEIN MOUMJY	10/31/97	SL	7.00	HY17	2,439.				2,439.	2,439.		0.	2,439.
50	RUG - FIRST USA	11/30/97	SL	7.00	HY17	2,000.				2,000.	2,000.		0.	2,000.
51	FURNITURE - RH GUEST	11/30/97	SL	7.00	HY17	5,350.				5,350.	5,350.		0.	5,350.
52	SIGNS - MORGAN SIGN	05/31/98	SL	7.00	HY17	7,250.				7,250.	7,250.		0.	7,250.
53	HP PRINTER S. RICH	07/17/98	SL	5.00	HY17	326.				326.	326.		0.	326.
54	CARPENTRY - ELLEN'S OFFICE	07/22/98	SL	7.00	HY17	1,850.				1,850.	1,850.		0.	1,850.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	WASHING MACHINE	07/28/98	SL	5.00	HY17	630.				630.	630.		0.	630.
56	LINE FOR INTERNET SERVER	08/05/98	SL	5.00	HY17	1,200.				1,200.	1,200.		0.	1,200.
57	DELL COMPUTER # 176407328	08/19/98	SL	5.00	HY17	2,178.				2,178.	2,178.		0.	2,178.
58	HOUSE FURNANCE	08/24/98	SL	5.00	HY17	3,560.				3,560.	3,560.		0.	3,560.
59	WIRING FOR FURNANCE	08/24/98	SL	5.00	HY17	311.				311.	311.		0.	311.
60	HOUSE FURNANCE	09/28/98	SL	5.00	HY17	400.				400.	400.		0.	400.
61	EXENDED BUDGETING	10/26/98	SL	5.00	HY17	400.				400.	400.		0.	400.
62	BOOK CASES	11/05/98	SL	5.00	HY17	610.				610.	610.		0.	610.
63	SIGN DESIGN	12/31/98	SL	5.00	HY17	573.				573.	573.		0.	573.
64	SCANNER	01/14/99	SL	5.00	HY17	200.				200.	200.		0.	200.
65	TABLE FOR POSTAGE METER	02/02/99	SL	7.00	HY17	90.				90.	90.		0.	90.
66	CORNERSTONE EXHIBIT FURNITURE	04/15/99	SL	7.00	HY17	4,094.				4,094.	4,094.		0.	4,094.
67	T-37 STRICKLAND	04/26/99	SL	5.00	HY17	695.				695.	695.		0.	695.
68	PROJECTOR - HB COMMUNICATIONS	05/10/99	SL	5.00	HY17	4,242.				4,242.	4,242.		0.	4,242.
69	JOHN BALL PRODUCTION VIDEO	12/31/98	SL	5.00	HY17	7,000.				7,000.	7,000.		0.	7,000.
70	CORNERSTONE EXHIBIT FURNITURE	12/31/98	SL	7.00	HY17	6,422.				6,422.	6,422.		0.	6,422.
71	ARENSON FURNITURE	02/28/99	SL	7.00	HY17	27,642.				27,642.	27,642.		0.	27,642.
72	ARCHIVE SOFTWARE	07/31/98	SL	5.00	HY17	6,344.				6,344.	6,344.		0.	6,344.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
73	STEEL SHELVING - ARCHIVE BLDG	06/15/99	SL	7.00	HY17	5,635.				5,635.	5,635.		0.	5,635.
74	DELL COMPUTER	07/15/99	SL	5.00	HY17	2,647.				2,647.	2,647.		0.	2,647.
75	FURNITURE	09/07/99	SL	5.00	HY17	671.				671.	671.		0.	671.
76	2 DELL COMPUTERS	10/22/99	SL	5.00	HY17	3,792.				3,792.	3,792.		0.	3,792.
77	FURNITURE-UNPAINTED	03/10/00	SL	5.00	HY17	900.				900.	900.		0.	900.
78	LAN & PC SERVICES	03/31/00	SL	5.00	HY17	15,881.				15,881.	15,881.		0.	15,881.
79	FURNITURE-UNPAINTED	03/31/00	SL	5.00	HY17	940.				940.	940.		0.	940.
80	COMPUTER SUBCENTER	04/24/00	SL	5.00	HY17	1,697.				1,697.	1,697.		0.	1,697.
81	COMPUTER EQUIPMENT	06/29/00	SL	7.00	HY17	1,124.				1,124.	1,124.		0.	1,124.
82	ACCOUNTING SOFTWARE	05/23/00	SL	5.00	HY17	4,696.				4,696.	4,696.		0.	4,696.
83	SOFTWARE	10/20/00	SL	3.00	HY17	3,498.				3,498.	3,498.		0.	3,498.
84	FURNITURE	11/30/00	SL	5.00	HY17	929.				929.	929.		0.	929.
85	FURNITURE - LAMPS	01/18/01	SL	5.00	HY17	1,000.				1,000.	1,000.		0.	1,000.
86	FURNITURE - BUSH HOLLEY HOUSE	02/13/01	SL	5.00	HY17	2,253.				2,253.	2,253.		0.	2,253.
87	FURNITURE - LAMPS	02/22/01	SL	5.00	HY17	1,172.				1,172.	1,172.		0.	1,172.
88	FURNITURE - BUSH HOLLEY HOUSE	03/27/01	SL	5.00	HY17	4,358.				4,358.	4,358.		0.	4,358.
89	FURNITURE - BUSH HOLLEY HOUSE	04/16/01	SL	5.00	HY17	911.				911.	911.		0.	911.
90	42 STRICKLAND RD - LAND	07/01/00	L			201,400.				201,400.			0.	

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
91	DWELLING - 42 STRICKLAND RD	07/01/00	SL	40.00	16	198,993.				198,993.	99,293.		4,975.	104,268.
94	COMPUTER & PRINTER (3)	07/09/01	SL	5.00	MC17	5,175.				5,175.	5,175.		0.	5,175.
95	COMPUTER & PRINTER	08/15/01	SL	5.00	MC17	1,979.				1,979.	1,979.		0.	1,979.
96	ELECTERICAL WORK	09/11/01	SL	10.00	MC17	3,000.				3,000.	3,000.		0.	3,000.
97	TELEPHONE	10/05/01	SL	5.00	MC17	587.				587.	587.		0.	587.
98	FURNITURE	12/12/01	SL	5.00	MC17	1,063.				1,063.	1,063.		0.	1,063.
99	PRINTER	12/12/01	SL	5.00	MC17	438.				438.	438.		0.	438.
100	CARPENTRY	02/05/02	SL	10.00	MC17	4,500.				4,500.	4,500.		0.	4,500.
101	SPRINKLER SYSTEM	03/19/02	SL	10.00	MC17	5,066.				5,066.	5,066.		0.	5,066.
102	PRINTER	03/28/02	SL	5.00	MC17	433.				433.	433.		0.	433.
103	FURNITURE - CHAIRS AND TABLES	04/02/02	SL	5.00	MC17	2,178.				2,178.	2,178.		0.	2,178.
104	TELEPHONE	04/08/02	SL	5.00	MC17	1,787.				1,787.	1,787.		0.	1,787.
105	MIRRORS	04/08/02	SL	5.00	MC17	550.				550.	550.		0.	550.
106	FURNITURE - TABLES & CHAIRS	04/30/02	SL	5.00	MC17	3,488.				3,488.	3,488.		0.	3,488.
107	FURNITURE	05/14/02	SL	5.00	MC17	484.				484.	484.		0.	484.
108	FURNITURE	06/20/02	SL	5.00	MC17	607.				607.	607.		0.	607.
109	SECURITY SYSTEM	05/22/02	SL	7.00	MC17	4,061.				4,061.	4,061.		0.	4,061.
110	ROOF	07/01/01	SL	10.00	16	7,450.				7,450.	7,450.		0.	7,450.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
111	FURNITURE	06/25/02	SL	5.00	MO17	2,612.				2,612.	2,612.		0.	2,612.
112	FURNITURE	06/28/02	SL	5.00	MO17	1,210.				1,210.	1,210.		0.	1,210.
113	AIR CONDITIONER	06/20/02	SL	5.00	MO17	342.				342.	342.		0.	342.
118	LEGAL FEES	01/01/02	SL	40.00	16	10,247.				10,247.	4,608.		256.	4,864.
120	DELL COMPUTERS	07/08/02	SL	5.00	HY17	3,770.			1,131.	2,639.	2,639.		0.	2,639.
121	DELL COMPUTERS	07/08/02	SL	5.00	HY17	3,852.			1,156.	2,696.	2,696.		0.	2,696.
122	FURNITURE	07/16/02	SL	5.00	HY17	5,625.			1,688.	3,937.	3,937.		0.	3,937.
123	HP PRINTER	07/16/02	SL	5.00	HY17	842.			253.	589.	589.		0.	589.
124	COMPUTER SCANNER	08/13/02	SL	5.00	HY17	963.			289.	674.	674.		0.	674.
125	FURNITURE	09/17/02	SL	5.00	HY17	1,945.			584.	1,361.	1,361.		0.	1,361.
126	ARCHIVE COPIER	11/07/02	SL	5.00	HY17	2,200.			660.	1,540.	1,540.		0.	1,540.
127	DELL COMPUTER	10/11/02	SL	5.00	HY17	1,405.			422.	983.	983.		0.	983.
128	ARCHIVE FURNITURE	11/04/02	SL	5.00	HY17	2,897.			869.	2,028.	2,028.		0.	2,028.
129	PEDESTAL	02/19/03	SL	7.00	HY17	4,887.			1,466.	3,421.	3,421.		0.	3,421.
130	WALL PARTITION	02/03/03	SL	7.00	HY17	1,500.			450.	1,050.	1,050.		0.	1,050.
131	CARPETING	02/14/03	SL	10.00	HY17	650.			195.	455.	455.		0.	455.
132	FURNITURE	11/04/02	SL	5.00	HY17	2,612.			784.	1,828.	1,828.		0.	1,828.
133	TELEPHONE SYSTEM	10/21/02	SL	40.00	16	1,240.				1,240.	548.		31.	579.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
134	AUDIO SYSTEM	11/12/03	200DB	5.00	MC	17	1,325.			663.	662.	700.		0.	700.
135	FURNACE IMPROVEMENT - 37 STRICKLAND	06/22/04	200DB	10.00	MC	17	1,296.			648.	648.	650.		0.	650.
136	FURNACE - 42 STRICKLAND	06/30/04	200DB	10.00	MC	17	5,550.				5,550.	5,550.		0.	5,550.
137	FURNACE - 42 STRICKLAND	07/09/04	200DB	10.00	MC	17	1,850.			925.	925.	925.		0.	925.
138	DELL COMPUTER	07/13/04	200DB	5.00	MC	17	828.			414.	414.	414.		0.	414.
139	FILE CABINET	08/13/04	200DB	7.00	MC	17	2,124.			1,062.	1,062.	1,062.		0.	1,062.
140	DEHUMIDIFIER	09/14/04	200DB	5.00	MC	17	3,096.			1,548.	1,548.	1,548.		0.	1,548.
141	CUSTOM LIGHTING	10/15/04	200DB	5.00	MC	17	2,400.			1,200.	1,200.	1,200.		0.	1,200.
142	DELL COMPUTER	12/07/04	200DB	5.00	MC	17	2,492.			1,246.	1,246.	1,246.		0.	1,246.
143	PRINTER	02/15/05	200DB	5.00	MC	17	400.				400.	400.		0.	400.
144	HEATER	02/18/05	200DB	5.00	MC	17	1,589.				1,589.	1,589.		0.	1,589.
145	FILE CABINET	02/18/05	200DB	7.00	MC	17	500.				500.	500.		0.	500.
146	FILE CABINETS	03/15/05	200DB	7.00	MC	17	1,119.				1,119.	1,119.		0.	1,119.
147	FENCE	04/19/05	150DB	15.00	MC	17	8,780.				8,780.	8,780.		0.	8,780.
148	ARCHIVAL FRAMES	05/11/05	200DB	7.00	MC	17	4,010.				4,010.	4,010.		0.	4,010.
149	DEHUMIDIFIER	05/17/05	200DB	5.00	MC	17	1,600.				1,600.	1,600.		0.	1,600.
150	DELL COMPUTER	06/13/05	200DB	5.00	MC	17	3,885.				3,885.	3,885.		0.	3,885.
151	COPPER GUTTERS	10/13/04	SL	39.00	MM	17	6,025.				6,025.	2,419.		154.	2,573.



2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
152	ART COLLECTIONS	12/09/05	NC	.000	HY		300,000.				300,000.			0.	
153	ROOF REPAIRS - HISTORIC ASSETS	06/01/06		.000	HY	16	19,000.				19,000.			0.	
154	COMPUTER HARDWARE & EQUIPMENT	09/23/05	200DB	5.00	MC	17	13,165.				13,165.	13,165.		0.	13,165.
155	ALARM SYSTEM HARDWARE	02/28/06	200DB	10.00	MC	17	5,570.				5,570.	5,570.		0.	5,570.
156	COMPUTER HARDWARE & EQUIPMENT	09/23/05	200DB	5.00	MC	17	4,927.				4,927.	4,927.		0.	4,927.
157	COMPUTER HARDWARE & EQUIPMENT	09/23/05	200DB	5.00	MC	17	2,225.				2,225.	2,225.		0.	2,225.
158	COMPUTER HARDWARE & EQUIPMENT	10/17/05	200DB	5.00	MC	17	2,064.				2,064.	2,064.		0.	2,064.
159	AIR HANDLER - 37 STRICKLAND	06/30/06	200DB	10.00	HY	17	7,450.				7,450.	6,705.		0.	6,705.
160	YORK 4 TON CONDENSER	07/18/06	SL	10.00		16	4,577.				4,577.	4,577.		0.	4,577.
161	ELECTRICAL WORK	08/01/06	SL	10.00		16	6,177.				6,177.	6,177.		0.	6,177.
162	DRIVEWAY	08/01/06	SL	15.00		16	13,436.				13,436.	12,469.		896.	13,365.
163	COMPRESSOR	08/23/06	SL	10.00		16	1,799.				1,799.	1,799.		0.	1,799.
164	HP LASERJET PRINTER	09/05/06	SL	5.00		16	2,036.				2,036.	2,036.		0.	2,036.
165	HP COLOR PRINTER & SCANNER	09/26/06	SL	5.00		16	4,081.				4,081.	4,081.		0.	4,081.
166	2 DELL COMPUTERS	08/08/06	SL	5.00		16	5,707.				5,707.	5,707.		0.	5,707.
167	CUSTOM LIGHTING EQUIPMENT	09/05/06	SL	7.00		16	19,900.				19,900.	19,900.		0.	19,900.
168	LIGHTING FIXTURES	01/24/07	SL	7.00		16	1,688.				1,688.	1,688.		0.	1,688.
169	VISITOR CENTER LIGHTING ARCHITECTURAL FEES	01/15/07	SL	27.50	MM	16	3,082.				3,082.	1,512.		112.	1,624.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
170	LONG-RANGE FACILITY STUDY ENGINEERING FEES	04/30/07	SL	27.50	MM16	19,800.				19,800.	9,480.		720.	10,200.
171	CLIMATE CONTROL IMPROVEMENTS	01/23/07	SL	27.50	MM16	9,392.				9,392.	4,588.		342.	4,930.
172	ART COLLECTIONS	06/30/07	NC	.000	HY	25,256.				25,256.			0.	
173	CURTAINS - HISTORIC ASSETS	11/30/06	NC	.000	HY	6,532.				6,532.			0.	
174	PATIO AND STEPS	08/13/07	SL	15.00	16	20,000.				20,000.	17,218.		1,333.	18,551.
175	CLIMATE CONTROL IMPROVEMENTS	11/30/07	SL	27.50	MM16	87,520.				87,520.	40,052.		3,183.	43,235.
176	IRON GRILLES	07/05/07	SL	27.50	MM16	15,655.				15,655.	7,397.		569.	7,966.
177	3 DELL COMPUTERS	07/21/07	SL	5.00	16	4,833.				4,833.	4,833.		0.	4,833.
178	CLIMATE CONTROL IMPROVEMENTS	01/31/08	SL	27.50	MM16	8,414.				8,414.	3,799.		306.	4,105.
179	SONICWALL/FIREWALL PRODUCTS	08/02/07	SL	5.00	16	1,665.				1,665.	1,665.		0.	1,665.
180	3 PRINTERS	08/02/07	SL	5.00	16	2,376.				2,376.	2,376.		0.	2,376.
181	PEDESTAL CASES	09/11/07	SL	7.00	16	3,363.				3,363.	3,360.		0.	3,360.
182	FILE CABINET	07/31/07	SL	7.00	16	785.				785.	785.		0.	785.
183	LANDSCAPING ASSESSMENT	03/10/08	SL	15.00	16	9,833.				9,833.	8,091.		656.	8,747.
184	LONG-RANGE FACILITY STUDY ENGINEERING FEES	08/31/07	SL	27.50	MM16	3,700.				3,700.	1,732.		135.	1,867.
185	CUSTOM LIGHTING	01/28/08	SL	7.00	16	9,514.				9,514.	9,514.		0.	9,514.
186	BUILDING IMPROVEMENTS	02/13/08	SL	27.50	MM16	2,894.				2,894.	1,304.		105.	1,409.
187	STORAGE SHELVES	02/14/08	SL	7.00	16	4,850.				4,850.	4,850.		0.	4,850.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
188	PEDESTAL DINING TABLE	03/15/08	SL	7.00		16	1,299.				1,299.	1,299.		0.	1,299.
189	ELECTRICAL WORK	03/07/08	SL	10.00		16	992.				992.	992.		0.	992.
190	SHUTTERS	10/01/07	SL	27.50	MM	16	1,646.				1,646.	765.		60.	825.
191	COLLECTIONS	06/30/08	NC	.000	HY		22,000.				22,000.			0.	
192	RADIONICS & KIDDE FIRE ALARM CONTROL PANEL	10/30/08	SL	10.00		16	2,925.				2,925.	2,925.		0.	2,925.
193	BUSH HOLLEY HOUSE & SITE IMPROVEMENTS	02/04/09	SL	27.50	MM	16	45,000.				45,000.	18,678.		1,636.	20,314.
194	WOOD STOPS & STORM WINDOWS	12/29/08	SL	27.50	MM	16	9,750.				9,750.	4,082.		355.	4,437.
195	3 DELL COMPUTERS	08/05/08	SL	5.00		16	4,592.				4,592.	4,592.		0.	4,592.
196	COMPUTER EQUIPMENT	08/05/08	SL	5.00		16	3,574.				3,574.	3,574.		0.	3,574.
197	LANDSCAPING ASSESSMENT	08/21/08	SL	15.00		16	1,108.				1,108.	876.		74.	950.
198	STORM WINDOW IMPROVEMENTS	12/17/08	SL	27.50	MM	16	2,340.				2,340.	978.		85.	1,063.
199	CABINET IMPROVEMENTS	02/11/09	SL	27.50	MM	16	800.				800.	331.		29.	360.
200	BACKBOARDS/STANDOFFS/COVER PLATES FOR PAINTINGS	10/30/08	SL	7.00		16	2,500.				2,500.	2,500.		0.	2,500.
201	DEED FOR PARCEL OF HISTORIC LAND	11/19/08	NC	.000	HY		1,000.				1,000.			0.	
202	DELL COMPUTER	07/30/09	SL	5.00		16	1,436.				1,436.	1,436.		0.	1,436.
203	COMPUTER EQUIPMENT	08/20/09	SL	5.00		16	4,862.				4,862.	4,862.		0.	4,862.
204	PRINTER	08/20/09	SL	5.00		16	349.				349.	349.		0.	349.
205	BUSH HOLLEY HOUSE & SITE IMPROVEMENTS	11/25/09	SL	27.50	MM	16	15,130.				15,130.	5,821.		550.	6,371.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
206	APPLE COMPUTER & PRINTER	01/19/10	SL	5.00		16	2,917.				2,917.	2,917.		0.	2,917.
207	SOFTWARE	07/30/09	SL	3.00		16	312.				312.	312.		0.	312.
208	BUSH HOLLEY HOUSE & SITE IMPROVEMENTS	07/20/10	SL	27.50	MM	16	12,650.				12,650.	4,562.		460.	5,022.
209	BUSH HOLLEY HOUSE & SITE IMPROVEMENTS	08/09/10	SL	27.50	MM	16	1,388.				1,388.	496.		50.	546.
210	BUSH HOLLEY HOUSE & SITE IMPROVEMENTS	08/26/10	SL	27.50	MM	16	1,387.				1,387.	492.		50.	542.
211	BUSH HOLLEY HOUSE & SITE IMPROVEMENTS	09/23/10	SL	27.50	MM	16	4,650.				4,650.	1,648.		169.	1,817.
212	BUSH HOLLEY HOUSE & SITE IMPROVEMENTS	09/28/10	SL	27.50	MM	16	5,200.				5,200.	1,843.		189.	2,032.
213	BUSH HOLLEY HOUSE & SITE IMPROVEMENTS	10/04/10	SL	27.50	MM	16	2,145.				2,145.	761.		78.	839.
214	HITACHI LCD PROJECTOR	11/09/10	SL	5.00		16	1,009.				1,009.	1,009.		0.	1,009.
215	DELL COMPUTER	03/24/11	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
216	ML 350 G6 SERVER	03/24/11	SL	5.00		16	4,318.				4,318.	4,318.		0.	4,318.
217	MICROSOFT OFFICE	05/16/11	SL	5.00		16	204.				204.	204.		0.	204.
218	IN DESIGN DESIGNING SOFTWARE	06/16/11	SL	5.00		16	127.				127.	127.		0.	127.
219	HOT WATER HEATER	08/12/10	SL	27.50	MM	16	1,347.				1,347.	486.		49.	535.
220	BHH DORMER & ROOF PROJECT	06/30/11	NC	.000	HY		32,304.				32,304.			0.	
221	COMPUTER SOFTWARE	02/09/12	SL	5.00	MC	17	334.				334.	334.		0.	334.
222	COMPUTER HARDWARE	10/03/11	SL	5.00	MC	17	10,164.				10,164.	10,164.		0.	10,164.
223	IMPROVEMENTS	06/30/12	SL	7.00	MC	17	15,084.				15,084.	15,084.		0.	15,084.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
228	BUILDING ACQUIRED AND EXPENSES	06/26/12	SL	27.50	MM	16	175,385.				175,385.	51,290.		6,378.	57,668.
229	BUILDING ACQUIRED AND EXPENSES	06/26/13	SL	27.50	MM	16	91,915.				91,915.	23,394.		3,342.	26,736.
230	COMPUTER HARWARE	10/03/12	SL	5.00		16	8,682.				8,682.	8,682.		0.	8,682.
231	IMPROVEMENTS 2013	02/09/13	SL	5.00		16	11,164.				11,164.	11,164.		0.	11,164.
233	IMPROVEMENTS 2014	06/30/14	SL	7.00		16	12,727.				12,727.	10,908.		1,819.	12,727.
234	COMPUTER HARDWARE	06/30/14	SL	5.00		16	16,618.				16,618.	16,618.		0.	16,618.
235	IMPROVEMENTS 2015	06/30/15	SL	5.00		16	3,255.				3,255.	3,255.		0.	3,255.
236	COMPUTER HARDWARE 2015	06/30/15	SL	5.00		16	6,562.				6,562.	6,562.		0.	6,562.
237	BHH IMPROVEMENTS	06/30/16	SL	7.00		16	11,566.				11,566.	6,608.		1,652.	8,260.
238	COMPUTER HARDWARE 2016	06/30/16	SL	5.00		16	5,875.				5,875.	4,700.		1,175.	5,875.
239	COMPUTER HARDWARE 2017	06/30/17	SL	5.00		16	6,349.				6,349.	3,810.		1,270.	5,080.
240	SERVER HARD DRIVES (3)	07/28/17	SL	5.00		16	575.				575.	335.		115.	450.
241	COMPUTER & PRINTER (FINANCE)	02/08/18	SL	5.00		16	1,588.				1,588.	768.		318.	1,086.
242	PRINTER (DEV) & SERVER UPS	05/15/18	SL	5.00		16	799.				799.	347.		160.	507.
243	GARDEN & GRAPE ARBORS PLAN	06/30/18	NC	.000	HY		1,175.				1,175.			0.	
244	TAVERN GARDEN RESTORATION	06/30/19	NC	.000	HY		31,056.				31,056.			0.	
245	LAPTOP	09/07/18	SL	5.00	HY	17	1,997.				1,997.	599.		399.	998.
246	RECEPTION DESK COMPUTER & PRINTER SETUP	11/06/18	SL	5.00	HY	17	2,159.				2,159.	648.		432.	1,080.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
247	NEW FURN, FIXTURES & EQUIP - MOVEABLE	10/06/18	SL	7.00	HY17	354,485.				354,485.	75,961.		50,641.	126,602.
248	NEW FURN, FIXTURES & EQUIP - EXHIBITS	10/06/18	SL	10.00	HY17	764,443.				764,443.	114,666.		76,444.	191,110.
249	GALLERY ARCHIVE BUILDING	10/06/18	SL	39.00	MM17	5,646,649.				5,646,649.	247,343.		144,786.	392,129.
250	PARKING	10/06/18	SL	15.00	HY17	310,541.				310,541.	31,054.		20,703.	51,757.
251	SITE	10/06/18	SL	39.00	MM17	2,668,474.				2,668,474.	116,888.		68,422.	185,310.
252	SITE IMPROVEMENTS	10/06/18	SL	39.00	MM17	88,737.				88,737.	3,887.		2,275.	6,162.
253	HUMIDIFIER-GALLERY ARCHIVE BUILDING	02/28/20	SL	39.00	MM16	22,450.				22,450.	192.		576.	768.
254	FURNITURE & FIXTURES	10/15/19	SL	7.00	16	939.				939.	101.		134.	235.
255	LAPTOP, MONITOR & DOCKING STN - CURATOR	12/19/19	SL	5.00	16	1,486.				1,486.	149.		297.	446.
256	SITE IMPROVEMENTS	02/06/20	SL	39.00	MM16	778.				778.	8.		20.	28.
257	IRRIGATION SYSTEM	07/13/19	SL	7.00	16	1,275.				1,275.	182.		182.	364.
258	LAPTOPS-EDUCATION CTR & LIBRARY VISITORS	06/30/20	SL	5.00	16	1,624.				1,624.			325.	325.
259	ARCHIVE PC	04/09/20	SL	5.00	16	1,575.				1,575.	79.		315.	394.
260	HARD DRIVE REPLACEMENT	03/24/20	SL	5.00	16	1,214.				1,214.	61.		243.	304.
261	PROJECTOR & SPEAKER SYSTEM	12/04/19	SL	5.00	16	5,765.				5,765.	673.		1,153.	1,826.
262	NEW BACKUP SYSTEM	09/23/19	SL	5.00	16	3,216.				3,216.	482.		643.	1,125.
263	NEW PC - EXEC DIR	09/23/19	SL	5.00	16	1,325.				1,325.	199.		265.	464.
264	CHAIRS - TGHS & BARN	09/01/20	SL	7.00	16	5,457.				5,457.			650.	650.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
265	NEW EXCHANGE SERVER	03/05/21	SL	5.00		16	5,201.				5,201.			347.	347.
266	NEW MAIN SERVER	03/05/21	SL	5.00		16	3,324.				3,324.			222.	222.
267	ACRYLIC VITRINES - GALLERY ARCHIVE	01/21/21	SL	7.00		16	1,812.				1,812.			108.	108.
268	SITE-CONSTRUCTION FILING FEE	03/11/21	SL	39.00		16	152.				152.			1.	1.
	* TOTAL 990 PAGE 10 DEPR						12651206.			17,653.	12633553.	1,988,008.		412,159.	2,400,167.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						12635260.			17,653.	12617607.	1,988,008.			2,398,839.
	ACQUISITIONS						15,946.			0.	15,946.	0.			1,328.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						12651206.			17,653.	12633553.	1,988,008.			2,400,167.
	ENDING ACCUM DEPR											2,417,820.			
	ENDING BOOK VALUE											10233386.			

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment  
Sequence No. 179

Name(s) shown on return <b>GREENWICH HISTORICAL SOCIETY, INC.</b>	Business or activity to which this form relates <b>FORM 990 PAGE 10</b>	Identifying number <b>06-6036049</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	<b>1</b>	1,040,000.
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	2,590,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 .....	<b>13</b>	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	<b>14</b>	
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	47,903.

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2020 .....	<b>17</b>	364,256.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	412,159.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	



Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - GREENWICH HISTORICAL SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	ARCHIVES BUILDING	063088	SL	40.00	16	308,272.			308,272.	254,861.		7,707.
2	MACHINERY AND EQUIPMENT	063088	SL	5.00	16	50,676.			50,676.	50,676.		0.
3	EQUIPMENT	063091	SL	5.00	16	15,311.			15,311.	15,311.		0.
4	EQUIPMENT	063092	SL	5.00	16	2,833.			2,833.	2,833.		0.
5	CD ROM	022894	SL	5.00	16	690.			690.	690.		0.
6	COMPUTER	093093	SL	5.00	16	2,000.			2,000.	2,000.		0.
7	COMPUTER	063094	SL	5.00	16	1,998.			1,998.	1,998.		0.
8	LASER PRINTER	033195	SL	5.00	16	660.			660.	660.		0.
9	LECTERN	073194	SL	5.00	16	1,115.			1,115.	1,115.		0.
10	FILE CABINET	033195	SL	5.00	16	319.			319.	319.		0.
11	VOICE MAIL	063095	SL	5.00	16	7,361.			7,361.	7,361.		0.
12	FURNITURE	063087	SL	10.00	16	30,512.			30,512.	30,512.		0.
13	FURNITURE	063089	SL	10.00	16	6,196.			6,196.	6,196.		0.
14	FURNITURE	063091	SL	10.00	16	7,716.			7,716.	7,716.		0.
15	FURNITURE	051190	SL	10.00	16	8,440.			8,440.	8,440.		0.
16	FURNITURE	063091	SL	10.00	16	20,450.			20,450.	20,450.		0.
17	FURNITURE	060193	SL	10.00	16	2,202.			2,202.	2,202.		0.
18	COMPUTER	103193	SL	5.00	16	4,007.			4,007.	4,007.		0.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - GREENWICH HISTORICAL SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	FIXTURES	071995	SL	7.00	17	532.			532.	532.		0.
20	FIXTURES	032296	SL	7.00	17	1,000.			1,000.	1,000.		0.
21	FIXTURES	032796	SL	7.00	17	1,252.			1,252.	1,252.		0.
22	FIXTURES	043096	SL	7.00	17	1,008.			1,008.	1,008.		0.
23	EQUIPMENT	061096	SL	5.00	17	3,475.			3,475.	3,475.		0.
24	TELEPHONE	062096	SL	5.00	17	1,156.			1,156.	1,156.		0.
25	COMPUTER EQUIPMENT	123196	SL	5.00	17	14,080.			14,080.	14,080.		0.
26	ARCHIE BLDG IMPROVEMENTS	123196	SL	40.00	16	41,321.			41,321.	24,278.		1,033.
27	FURNITURE & FIXTURES	123196	SL	7.00	17	3,283.			3,283.	3,283.		0.
28	EQUIPMENT	123196	SL	5.00	17	5,810.			5,810.	5,810.		0.
29	GATEWAY VISITOR CENTER	123197	NC	.000		169,692.			169,692.			0.
30	REFRIGERATOR	072297	SL	5.00	17	415.			415.	415.		0.
31	CACTUS SOFTWARE	072297	SL	5.00	17	2,000.			2,000.	2,000.		0.
32	ENCON HVAC UNIT	073197	SL	5.00	17	1,443.			1,443.	1,443.		0.
33	FRANKLIN - KITCHEN #37	073197	SL	5.00	17	3,500.			3,500.	3,500.		0.
34	GEO DRAEGER	083197	SL	5.00	17	400.			400.	400.		0.
35	FAIRFIELD CTY - PHONES	122297	SL	5.00	17	3,350.			3,350.	3,350.		0.
36	DELL COMPUTERS	010898	SL	5.00	17	4,418.			4,418.	4,418.		0.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - GREENWICH HISTORICAL SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	DELL COMPUTERS	010898	SL	5.00	17	2,467.			2,467.	2,467.		0.
38	FAIRFIELD CTY - PHONES	020398	SL	5.00	17	3,925.			3,925.	3,925.		0.
39	MELINDA HASSEN THALHEIMER	030998	SL	5.00	17	902.			902.	902.		0.
40	CARPENTRY	031298	SL	5.00	17	3,686.			3,686.	3,686.		0.
41	RUG	033098	SL	5.00	17	654.			654.	654.		0.
42	UNIVERSITY PRODUCTS - CABINET	051198	SL	5.00	17	500.			500.	500.		0.
43	THALHEIMER CARPENTRY	051198	SL	5.00	17	1,791.			1,791.	1,791.		0.
44	ARCHIVES FURNISHINGS	060898	SL	5.00	17	594.			594.	594.		0.
45	VIDEO TAPE - JOHN BALL	093097	SL	7.00	17	35,000.			35,000.	35,000.		0.
46	SOUND - BOSTON PRODUCTIONS	083197	SL	7.00	17	17,499.			17,499.	17,499.		0.
47	FURNITURE - ARENSON	093097	SL	7.00	17	20,000.			20,000.	20,000.		0.
48	DESK - RH GUEST	103197	SL	7.00	17	4,000.			4,000.	4,000.		0.
49	RUG - EINSTEIN MOUMJY	103197	SL	7.00	17	2,439.			2,439.	2,439.		0.
50	RUG - FIRST USA	113097	SL	7.00	17	2,000.			2,000.	2,000.		0.
51	FURNITURE - RH GUEST	113097	SL	7.00	17	5,350.			5,350.	5,350.		0.
52	SIGNS - MORGAN SIGN	053198	SL	7.00	17	7,250.			7,250.	7,250.		0.
53	HP PRINTER S. RICH	071798	SL	5.00	17	326.			326.	326.		0.
54	CARPENTRY - ELLEN'S OFFICE	072298	SL	7.00	17	1,850.			1,850.	1,850.		0.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - GREENWICH HISTORICAL SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	WASHING MACHINE	072898	SL	5.00	17	630.			630.	630.		0.
56	LINE FOR INTERNET SERVER	080598	SL	5.00	17	1,200.			1,200.	1,200.		0.
57	DELL COMPUTER # 176407328	081998	SL	5.00	17	2,178.			2,178.	2,178.		0.
58	HOUSE FURNANCE	082498	SL	5.00	17	3,560.			3,560.	3,560.		0.
59	WIRING FOR FURNANCE	082498	SL	5.00	17	311.			311.	311.		0.
60	HOUSE FURNANCE	092898	SL	5.00	17	400.			400.	400.		0.
61	EXENDED BUDGETING	102698	SL	5.00	17	400.			400.	400.		0.
62	BOOK CASES	110598	SL	5.00	17	610.			610.	610.		0.
63	SIGN DESIGN	123198	SL	5.00	17	573.			573.	573.		0.
64	SCANNER	011499	SL	5.00	17	200.			200.	200.		0.
65	TABLE FOR POSTAGE METER	020299	SL	7.00	17	90.			90.	90.		0.
66	CORNERSTONE EXHIBIT FURNITURE	041599	SL	7.00	17	4,094.			4,094.	4,094.		0.
67	T-37 STRICKLAND PROJECTOR - HB	042699	SL	5.00	17	695.			695.	695.		0.
68	COMMUNICATIONS	051099	SL	5.00	17	4,242.			4,242.	4,242.		0.
69	JOHN BALL PRODUCTION VIDEO	123198	SL	5.00	17	7,000.			7,000.	7,000.		0.
70	CORNERSTONE EXHIBIT FURNITURE	123198	SL	7.00	17	6,422.			6,422.	6,422.		0.
71	ARENSON FURNITURE	022899	SL	7.00	17	27,642.			27,642.	27,642.		0.
72	ARCHIVE SOFTWARE	073198	SL	5.00	17	6,344.			6,344.	6,344.		0.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - GREENWICH HISTORICAL SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	STEEL SHELVING - ARCHIVE BLDG	061599	SL	7.00	17	5,635.			5,635.	5,635.		0.
74	DELL COMPUTER	071599	SL	5.00	17	2,647.			2,647.	2,647.		0.
75	FURNITURE	090799	SL	5.00	17	671.			671.	671.		0.
76	2 DELL COMPUTERS	102299	SL	5.00	17	3,792.			3,792.	3,792.		0.
77	FURNITURE-UNPAINTED	031000	SL	5.00	17	900.			900.	900.		0.
78	LAN & PC SERVICES	033100	SL	5.00	17	15,881.			15,881.	15,881.		0.
79	FURNITURE-UNPAINTED	033100	SL	5.00	17	940.			940.	940.		0.
80	COMPUTER SUBCENTER	042400	SL	5.00	17	1,697.			1,697.	1,697.		0.
81	COMPUTER EQUIPMENT	062900	SL	7.00	17	1,124.			1,124.	1,124.		0.
82	ACCOUNTING SOFTWARE	052300	SL	5.00	17	4,696.			4,696.	4,696.		0.
83	SOFTWARE	102000	SL	3.00	17	3,498.			3,498.	3,498.		0.
84	FURNITURE	113000	SL	5.00	17	929.			929.	929.		0.
85	FURNITURE - LAMPS	011801	SL	5.00	17	1,000.			1,000.	1,000.		0.
86	FURNITURE - BUSH HOLLEY HOUSE	021301	SL	5.00	17	2,253.			2,253.	2,253.		0.
87	FURNITURE - LAMPS	022201	SL	5.00	17	1,172.			1,172.	1,172.		0.
88	FURNITURE - BUSH HOLLEY HOUSE	032701	SL	5.00	17	4,358.			4,358.	4,358.		0.
89	FURNITURE - BUSH HOLLEY HOUSE	041601	SL	5.00	17	911.			911.	911.		0.
90	42 STRICKLAND RD - LAND	070100	L			201,400.			201,400.			0.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - GREENWICH HISTORICAL SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
91	DWELLING - 42 STRICKLAND RD	070100	SL	40.00	16	198,993.			198,993.	99,293.		4,975.
94	COMPUTER & PRINTER (3)	070901	SL	5.00	17	5,175.			5,175.	5,175.		0.
95	COMPUTER & PRINTER	081501	SL	5.00	17	1,979.			1,979.	1,979.		0.
96	ELECTERICAL WORK	091101	SL	10.00	17	3,000.			3,000.	3,000.		0.
97	TELEPHONE	100501	SL	5.00	17	587.			587.	587.		0.
98	FURNITURE	121201	SL	5.00	17	1,063.			1,063.	1,063.		0.
99	PRINTER	121201	SL	5.00	17	438.			438.	438.		0.
100	CARPENTRY	020502	SL	10.00	17	4,500.			4,500.	4,500.		0.
101	SPRINKLER SYSTEM	031902	SL	10.00	17	5,066.			5,066.	5,066.		0.
102	PRINTER	032802	SL	5.00	17	433.			433.	433.		0.
103	FURNITURE - CHAIRS AND TABLES	040202	SL	5.00	17	2,178.			2,178.	2,178.		0.
104	TELEPHONE	040802	SL	5.00	17	1,787.			1,787.	1,787.		0.
105	MIRRORS	040802	SL	5.00	17	550.			550.	550.		0.
106	FURNITURE - TABLES & CHAIRS	043002	SL	5.00	17	3,488.			3,488.	3,488.		0.
107	FURNITURE	051402	SL	5.00	17	484.			484.	484.		0.
108	FURNITURE	062002	SL	5.00	17	607.			607.	607.		0.
109	SECURITY SYSTEM	052202	SL	7.00	17	4,061.			4,061.	4,061.		0.
110	ROOF	070101	SL	10.00	16	7,450.			7,450.	7,450.		0.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - GREENWICH HISTORICAL SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
111	FURNITURE	062502	SL	5.00	17	2,612.			2,612.	2,612.		0.
112	FURNITURE	062802	SL	5.00	17	1,210.			1,210.	1,210.		0.
113	AIR CONDITIONER	062002	SL	5.00	17	342.			342.	342.		0.
118	LEGAL FEES	010102	SL	40.00	16	10,247.			10,247.	4,608.		256.
120	DELL COMPUTERS	070802	SL	5.00	17	3,770.		1,131.	2,639.	2,639.		0.
121	DELL COMPUTERS	070802	SL	5.00	17	3,852.		1,156.	2,696.	2,696.		0.
122	FURNITURE	071602	SL	5.00	17	5,625.		1,688.	3,937.	3,937.		0.
123	HP PRINTER	071602	SL	5.00	17	842.		253.	589.	589.		0.
124	COMPUTER SCANNER	081302	SL	5.00	17	963.		289.	674.	674.		0.
125	FURNITURE	091702	SL	5.00	17	1,945.		584.	1,361.	1,361.		0.
126	ARCHIVE COPIER	110702	SL	5.00	17	2,200.		660.	1,540.	1,540.		0.
127	DELL COMPUTER	101102	SL	5.00	17	1,405.		422.	983.	983.		0.
128	ARCHIVE FURNITURE	110402	SL	5.00	17	2,897.		869.	2,028.	2,028.		0.
129	PEDESTAL	021903	SL	7.00	17	4,887.		1,466.	3,421.	3,421.		0.
130	WALL PARTITION	020303	SL	7.00	17	1,500.		450.	1,050.	1,050.		0.
131	CARPETING	021403	SL	10.00	17	650.		195.	455.	455.		0.
132	FURNITURE	110402	SL	5.00	17	2,612.		784.	1,828.	1,828.		0.
133	TELEPHONE SYSTEM	102102	SL	40.00	16	1,240.			1,240.	548.		31.



2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - GREENWICH HISTORICAL SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
134	AUDIO SYSTEM	111203	200DB	5.00	17	1,325.		663.	662.	700.		0.
135	FURNACE IMPROVEMENT - 37 STRICKLAND	062204	200DB	10.00	17	1,296.		648.	648.	650.		0.
136	FURNACE - 42 STRICKLAND	063004	200DB	10.00	17	5,550.			5,550.	5,550.		0.
137	FURNACE - 42 STRICKLAND	070904	200DB	10.00	17	1,850.		925.	925.	925.		0.
138	DELL COMPUTER	071304	200DB	5.00	17	828.		414.	414.	414.		0.
139	FILE CABINET	081304	200DB	7.00	17	2,124.		1,062.	1,062.	1,062.		0.
140	DEHUMIDIFIER	091404	200DB	5.00	17	3,096.		1,548.	1,548.	1,548.		0.
141	CUSTOM LIGHTING	101504	200DB	5.00	17	2,400.		1,200.	1,200.	1,200.		0.
142	DELL COMPUTER	120704	200DB	5.00	17	2,492.		1,246.	1,246.	1,246.		0.
143	PRINTER	021505	200DB	5.00	17	400.			400.	400.		0.
144	HEATER	021805	200DB	5.00	17	1,589.			1,589.	1,589.		0.
145	FILE CABINET	021805	200DB	7.00	17	500.			500.	500.		0.
146	FILE CABINETS	031505	200DB	7.00	17	1,119.			1,119.	1,119.		0.
147	FENCE	041905	150DB	15.00	17	8,780.			8,780.	8,780.		0.
148	ARCHIVAL FRAMES	051105	200DB	7.00	17	4,010.			4,010.	4,010.		0.
149	DEHUMIDIFIER	051705	200DB	5.00	17	1,600.			1,600.	1,600.		0.
150	DELL COMPUTER	061305	200DB	5.00	17	3,885.			3,885.	3,885.		0.
151	COPPER GUTTERS	101304	SL	39.00	17	6,025.			6,025.	2,419.		154.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - GREENWICH HISTORICAL SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
152	ART COLLECTIONS	120905	NC	.000		300,000.			300,000.			0.
153	ROOF REPAIRS - HISTORIC ASSETS	060106		.000	16	19,000.			19,000.			0.
154	COMPUTER HARDWARE & EQUIPMENT	092305	200DB	5.00	17	13,165.			13,165.	13,165.		0.
155	ALARM SYSTEM HARDWARE	022806	200DB	10.00	17	5,570.			5,570.	5,570.		0.
156	COMPUTER HARDWARE & EQUIPMENT	092305	200DB	5.00	17	4,927.			4,927.	4,927.		0.
157	COMPUTER HARDWARE & EQUIPMENT	092305	200DB	5.00	17	2,225.			2,225.	2,225.		0.
158	COMPUTER HARDWARE & EQUIPMENT	101705	200DB	5.00	17	2,064.			2,064.	2,064.		0.
159	AIR HANDLER - 37 STRICKLAND	063006	200DB	10.00	17	7,450.			7,450.	6,705.		0.
160	YORK 4 TON CONDENSER	071806	SL	10.00	16	4,577.			4,577.	4,577.		0.
161	ELECTRICAL WORK	080106	SL	10.00	16	6,177.			6,177.	6,177.		0.
162	DRIVEWAY	080106	SL	15.00	16	13,436.			13,436.	12,469.		896.
163	COMPRESSOR	082306	SL	10.00	16	1,799.			1,799.	1,799.		0.
164	HP LASERJET PRINTER	090506	SL	5.00	16	2,036.			2,036.	2,036.		0.
165	HP COLOR PRINTER & SCANNER	092606	SL	5.00	16	4,081.			4,081.	4,081.		0.
166	2 DELL COMPUTERS	080806	SL	5.00	16	5,707.			5,707.	5,707.		0.
167	CUSTOM LIGHTING EQUIPMENT	090506	SL	7.00	16	19,900.			19,900.	19,900.		0.
168	LIGHTING FIXTURES VISITOR CENTER	012407	SL	7.00	16	1,688.			1,688.	1,688.		0.
169	LIGHTING ARCHITECTURE	011507	SL	27.50	16	3,082.			3,082.	1,512.		112.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - GREENWICH HISTORICAL SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
170	LONG-RANGE FACILITY STUDY ENGINEERING	043007	SL	27.50	16	19,800.			19,800.	9,480.		720.
171	CLIMATE CONTROL IMPROVEMENTS	012307	SL	27.50	16	9,392.			9,392.	4,588.		342.
172	ART COLLECTIONS CURTAINS - HISTORIC	063007	NC	.000		25,256.			25,256.			0.
173	ASSETS	113006	NC	.000		6,532.			6,532.			0.
174	PATIO AND STEPS CLIMATE CONTROL	081307	SL	15.00	16	20,000.			20,000.	17,218.		1,333.
175	IMPROVEMENTS	113007	SL	27.50	16	87,520.			87,520.	40,052.		3,183.
176	IRON GRILLES	070507	SL	27.50	16	15,655.			15,655.	7,397.		569.
177	3 DELL COMPUTERS CLIMATE CONTROL	072107	SL	5.00	16	4,833.			4,833.	4,833.		0.
178	IMPROVEMENTS SONICWALL/FIREWALL	013108	SL	27.50	16	8,414.			8,414.	3,799.		306.
179	PRODUCTS	080207	SL	5.00	16	1,665.			1,665.	1,665.		0.
180	3 PRINTERS	080207	SL	5.00	16	2,376.			2,376.	2,376.		0.
181	PEDESTAL CASES	091107	SL	7.00	16	3,363.			3,363.	3,360.		0.
182	FILE CABINET LANDSCAPING	073107	SL	7.00	16	785.			785.	785.		0.
183	ASSESSMENT	031008	SL	15.00	16	9,833.			9,833.	8,091.		656.
184	LONG-RANGE FACILITY STUDY ENGINEERING	083107	SL	27.50	16	3,700.			3,700.	1,732.		135.
185	CUSTOM LIGHTING BUILDING	012808	SL	7.00	16	9,514.			9,514.	9,514.		0.
186	IMPROVEMENTS	021308	SL	27.50	16	2,894.			2,894.	1,304.		105.
187	STORAGE SHELVES	021408	SL	7.00	16	4,850.			4,850.	4,850.		0.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - GREENWICH HISTORICAL SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
188	PEDESTAL DINING TABLE	031508	SL	7.00	16	1,299.			1,299.	1,299.		0.
189	ELECTRICAL WORK	030708	SL	10.00	16	992.			992.	992.		0.
190	SHUTTERS	100107	SL	27.50	16	1,646.			1,646.	765.		60.
191	COLLECTIONS	063008	NC	.000		22,000.			22,000.			0.
192	RADIONICS & KIDDE FIRE ALARM CONTROL	103008	SL	10.00	16	2,925.			2,925.	2,925.		0.
193	BUSH HOLLEY HOUSE & SITE IMPROVEMENTS	020409	SL	27.50	16	45,000.			45,000.	18,678.		1,636.
194	WOOD STOPS & STORM WINDOWS	122908	SL	27.50	16	9,750.			9,750.	4,082.		355.
195	3 DELL COMPUTERS	080508	SL	5.00	16	4,592.			4,592.	4,592.		0.
196	COMPUTER EQUIPMENT	080508	SL	5.00	16	3,574.			3,574.	3,574.		0.
197	LANDSCAPING ASSESSMENT	082108	SL	15.00	16	1,108.			1,108.	876.		74.
198	STORM WINDOW IMPROVEMENTS	121708	SL	27.50	16	2,340.			2,340.	978.		85.
199	CABINET IMPROVEMENTS	021109	SL	27.50	16	800.			800.	331.		29.
200	BACKBOARDS/STANDOFF S/COVER PLATES FOR	103008	SL	7.00	16	2,500.			2,500.	2,500.		0.
201	DEED FOR PARCEL OF HISTORIC LAND	111908	NC	.000		1,000.			1,000.			0.
202	DELL COMPUTER	073009	SL	5.00	16	1,436.			1,436.	1,436.		0.
203	COMPUTER EQUIPMENT	082009	SL	5.00	16	4,862.			4,862.	4,862.		0.
204	PRINTER	082009	SL	5.00	16	349.			349.	349.		0.
205	BUSH HOLLEY HOUSE & SITE IMPROVEMENTS	112509	SL	27.50	16	15,130.			15,130.	5,821.		550.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - GREENWICH HISTORICAL SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
206	APPLE COMPUTER & PRINTER	011910	SL	5.00	16	2,917.			2,917.	2,917.		0.
207	SOFTWARE	073009	SL	3.00	16	312.			312.	312.		0.
208	BUSH HOLLEY HOUSE & SITE IMPROVEMENTS	072010	SL	27.50	16	12,650.			12,650.	4,562.		460.
209	BUSH HOLLEY HOUSE & SITE IMPROVEMENTS	080910	SL	27.50	16	1,388.			1,388.	496.		50.
210	BUSH HOLLEY HOUSE & SITE IMPROVEMENTS	082610	SL	27.50	16	1,387.			1,387.	492.		50.
211	BUSH HOLLEY HOUSE & SITE IMPROVEMENTS	092310	SL	27.50	16	4,650.			4,650.	1,648.		169.
212	BUSH HOLLEY HOUSE & SITE IMPROVEMENTS	092810	SL	27.50	16	5,200.			5,200.	1,843.		189.
213	BUSH HOLLEY HOUSE & SITE IMPROVEMENTS	100410	SL	27.50	16	2,145.			2,145.	761.		78.
214	HITACHI LCD PROJECTOR	110910	SL	5.00	16	1,009.			1,009.	1,009.		0.
215	DELL COMPUTER	032411	SL	5.00	16	2,000.			2,000.	2,000.		0.
216	ML 350 G6 SERVER	032411	SL	5.00	16	4,318.			4,318.	4,318.		0.
217	MICROSOFT OFFICE	051611	SL	5.00	16	204.			204.	204.		0.
218	IN DESIGN DESIGNING SOFTWARE	061611	SL	5.00	16	127.			127.	127.		0.
219	HOT WATER HEATER	081210	SL	27.50	16	1,347.			1,347.	486.		49.
220	BHH DORMER & ROOF PROJECT	063011	NC	.000		32,304.			32,304.			0.
221	COMPUTER SOFTWARE	020912	SL	5.00	17	334.			334.	334.		0.
222	COMPUTER HARDWARE	100311	SL	5.00	17	10,164.			10,164.	10,164.		0.
223	IMPROVEMENTS	063012	SL	7.00	17	15,084.			15,084.	15,084.		0.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - GREENWICH HISTORICAL SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
228	BUILDING ACQUIRED AND EXPENSES	062612	SL	27.50	16	175,385.			175,385.	51,290.		6,378.
229	BUILDING ACQUIRED AND EXPENSES	062613	SL	27.50	16	91,915.			91,915.	23,394.		3,342.
230	COMPUTER HARWARE	100312	SL	5.00	16	8,682.			8,682.	8,682.		0.
231	IMPROVEMENTS 2013	020913	SL	5.00	16	11,164.			11,164.	11,164.		0.
233	IMPROVEMENTS 2014	063014	SL	7.00	16	12,727.			12,727.	10,908.		1,819.
234	COMPUTER HARDWARE	063014	SL	5.00	16	16,618.			16,618.	16,618.		0.
235	IMPROVEMENTS 2015	063015	SL	5.00	16	3,255.			3,255.	3,255.		0.
236	COMPUTER HARDWARE 2015	063015	SL	5.00	16	6,562.			6,562.	6,562.		0.
237	BHH IMPROVEMENTS	063016	SL	7.00	16	11,566.			11,566.	6,608.		1,652.
238	COMPUTER HARDWARE 2016	063016	SL	5.00	16	5,875.			5,875.	4,700.		1,175.
239	COMPUTER HARDWARE 2017	063017	SL	5.00	16	6,349.			6,349.	3,810.		1,270.
240	SERVER HARD DRIVES (3)	072817	SL	5.00	16	575.			575.	335.		115.
241	COMPUTER & PRINTER (FINANCE)	020818	SL	5.00	16	1,588.			1,588.	768.		318.
242	PRINTER (DEV) & SERVER UPS	051518	SL	5.00	16	799.			799.	347.		160.
243	GARDEN & GRAPE ARBORS PLAN	063018	NC	.000		1,175.			1,175.			0.
244	TAVERN GARDEN RESTORATION	063019	NC	.000		31,056.			31,056.			0.
245	LAPTOP	090718	SL	5.00	17	1,997.			1,997.	599.		399.
246	RECEPTION DESK COMPUTER & PRINTER	110618	SL	5.00	17	2,159.			2,159.	648.		432.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - GREENWICH HISTORICAL SOCIETY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
247	NEW FURN, FIXTURES & EQUIP - MOVEABLE	100618	SL	7.00	17	354,485.			354,485.	75,961.		50,641.
248	NEW FURN, FIXTURES & EQUIP - EXHIBITS	100618	SL	10.00	17	764,443.			764,443.	114,666.		76,444.
249	GALLERY ARCHIVE BUILDING	100618	SL	39.00	17	5646649.			5646649.	247,343.		144,786.
250	PARKING	100618	SL	15.00	17	310,541.			310,541.	31,054.		20,703.
251	SITE	100618	SL	39.00	17	2668474.			2668474.	116,888.		68,422.
252	SITE IMPROVEMENTS	100618	SL	39.00	17	88,737.			88,737.	3,887.		2,275.
253	HUMIDIFIER-GALLERY ARCHIVE BUILDING	022820	SL	39.00	16	22,450.			22,450.	192.		576.
254	FURNITURE & FIXTURES	101519	SL	7.00	16	939.			939.	101.		134.
255	LAPTOP, MONITOR & DOCKING STN - CURAT	121919	SL	5.00	16	1,486.			1,486.	149.		297.
256	SITE IMPROVEMENTS	020620	SL	39.00	16	778.			778.	8.		20.
257	IRRIGATION SYSTEM	071319	SL	7.00	16	1,275.			1,275.	182.		182.
258	LAPTOPS-EDUCATION CTR & LIBRARY VISIT	063020	SL	5.00	16	1,624.			1,624.			325.
259	ARCHIVE PC	040920	SL	5.00	16	1,575.			1,575.	79.		315.
260	HARD DRIVE REPLACEMENT	032420	SL	5.00	16	1,214.			1,214.	61.		243.
261	PROJECTOR & SPEAKER SYSTEM	120419	SL	5.00	16	5,765.			5,765.	673.		1,153.
262	NEW BACKUP SYSTEM	092319	SL	5.00	16	3,216.			3,216.	482.		643.
263	NEW PC - EXEC DIR	092319	SL	5.00	16	1,325.			1,325.	199.		265.
264	CHAIRS - TGHS & BARN	090120	SL	7.00	16	5,457.			5,457.			650.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - GREENWICH HISTORICAL SOCIETY, INC.

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265	NEW EXCHANGE SERVER	030521	SL	5.00	16	5,201.			5,201.			347.
266	NEW MAIN SERVER	030521	SL	5.00	16	3,324.			3,324.			222.
267	ACRYLIC VITRINES - GALLERY ARCHIVE	012121	SL	7.00	16	1,812.			1,812.			108.
268	SITE-CONSTRUCTION FILING FEE	031121	SL	39.00	16	152.			152.			1.
	* TOTAL 990 PAGE 10 DEPR					12651206.		17,653.	12633553.	1988008.		412,159.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					12635260.		17,653.	12617607.	1988008.		
	ACQUISITIONS					15,946.		0.	15,946.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					12651206.		17,653.	12633553.	1988008.		